

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR FOREIGN MOTOR CARRIERS AND FOREIGN MOTOR PRIVATE CARRIERS UNDER 49 U.S.C. § 13902(c)

FOR FMCSA USE ONLY

Docket No. MX

Filed

Fee No.

PAPERWORK BURDEN

It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to both the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, 400 Virginia Avenue, S.W., Suite 600, Washington, DC 20024, and to the Office of Management and Budget, Office of Information and Regulatory Affairs (OMB No. 2125-0572), Washington, DC 20403.

PART I - GENERAL INFORMATION

(a) APPLICANT

(Legal Name)

Doing business as

(Trade Name, if any)

(b) Business Address

(Street Address, or Rural Route/Box Number)

(City)

(State)

(Zip Code)

*Mailing address (if different)

*Mailing address may be given, but actual street address must

be shown.

Phone Number (Include Area Code)

FAX Number

(c) FORM OF BUSINESS: Applicant must check only one of the following and, if pertinent, provide any additional information in the space below:

- ☐ CORPORATION (Give State of Incorporation)
- ☐ PARTNERSHIP (Identify each of the partners below)
- ☐ SOLE PROPRIETORSHIP (Give name of individual below)
(including first name, middle name and surname.)
- ☐ OTHER (Please specify below)

(d) Do you presently hold, or have you ever applied for authority from the former ICC or the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION under the name shown on this application, or under any other name?

☐ YES

☐ NO

If yes, please provide the lead docket number(s) assigned to the application _____.

If the application was rejected prior to the time a docket number was assigned, please provide the name shown on the application _____.

(e) APPLICANT'S REPRESENTATIVE: Provide the name of a person to whom inquiries may be made. (The applicant may represent itself, and show its name and address in the space provided below. If the applicant does not represent itself, it must have an attorney or a practitioner as its representative, and show his/her name and address in the space below.)

(First Name, Middle Name and Surname)

(Street Address, or Rural Route/Box Number)

(City)

(State)

(Zip Code)

Phone Number (Include Area Code)

FAX Number

*Mailing address (if different)

*Mailing address may be given, or actual street address must be shown.

PART II - DOMICILIARY, OWNERSHIP AND CONTROL

(a) The Mexican domiciled applicant is owned or controlled by persons of the following country: (Check one)

☐ Mexico ☐ United States

(b) If applicant is a corporation, list the names, country of residence, citizenship, and place of ownership, if any, of corporation, all principal officers and stockholders (holding more than 10 percent of stock) of applicant. If applicant is a partnership, list the names, country of residence, citizenship, and percent of ownership of partnership for each partner. If applicant is an individual, enter that individual's name, country of residence, and citizenship.

<u>Name</u>	<u>Country of Residence</u>	<u>Citizenship</u>	<u>Percent</u>
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PART III - AUTHORITY SOUGHT

(a) APPLICANT SEEKS TO OPERATE AS A: (Check one or more.)

- (1) ☐ Private motor carrier of property (handling only its own goods).
- (2) ☐ For-hire motor carrier of property (handling the goods of others that would otherwise be exempt under 49 U.S.C. § 13506(a)(4), (5), (6), (11), (12), (13) and (15) [fresh fruits and vegetables are included here])
- (3) ☐ For-hire motor carrier of all other commodities [manufactured or other processed items are included here]

(b) APPLICANT SEEKS AUTHORITY TO OPERATE WITHIN: (Check one or more.)

(1) ☐ A municipality in the U. S., that is adjacent to Mexico, in contiguous municipalities in the U. S., any one of which is adjacent to Mexico, or in a zone in the U. S. that is adjacent to and commercially a part of the municipality(ies). (Specify the name(s) of the municipality(ies) or zone(s).)

(2) ☐ All points in the United States (except Alaska and Hawaii).

(3) ☐ Other (Specify)

(NOTE: If box (2) or (3) is checked, applicant must be owned or controlled by persons of the United States.)

CERTIFICATION STATEMENT (This certification statement must be signed by the same person signing the oath).

Applicant certifies that it has access to and will comply with the Federal Motor Carrier Safety and Insurance Regulations issued by the U.S. Department of Transportation.

Applicant certifies that it has paid any taxes it owes under Section 4481 of the Internal Revenue Code for the most recent taxable period as defined under Section 4482(c) of the Internal Revenue Code.

(Signature)

(Date)

APPLICANT'S OATH MUST BE COMPLETED BY APPLICANT

I, _____, verify
(First Name, Middle Name, Surname)

under penalty of perjury, under the laws of the United States of America, that I understand the foregoing certifications and that all responses are true and correct. I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, such misstatements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify that I have not been convicted in Federal or State court, after September 1, 1989, of distribution or possession of controlled substances and that I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Act of 1988.

(Signature)

(Date)

(Relationship to applicant, e.g., President or Owner)

FILING FEE INFORMATION

TO: **APPLICANTS FOR CERTIFICATES OF REGISTRATION
FOREIGN MOTOR CARRIERS AND FOREIGN MOTOR PRIVATE CARRIERS**

INDICATE AMOUNT \$_____ AND METHOD OF PAYMENT:

☐ Check or ☐ Money Order

If paying by check or money order, please make (check or money order) payable to: **FEDERAL MOTOR CARRIER SAFETY
ADMINISTRATION**

If paying by credit card, please complete the following:

☐ Visa or ☐ Mastercard

Credit Card No. _____ Expiration Date _____

Signature _____ Date signed _____

My signature indicates my desire to have this transaction charged to the credit card listed above.)

FEE POLICY

There is a single fee for filing an application for a certificate of registration, Form OP-2, and for filing a Form BOC-3 for designating agents for service of judicial process. From time to time, the FMCSA reviews the adequacy of all of its filing fees, and adjusts these fees, where appropriate. The current fee is contained in the attached instructions.

The fee for processing this application must be made payable to the *FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION* by a check drawn upon funds deposited in a bank in the United States, by a money order payable in U.S. Currency, or by an approved credit card. The filing fee must be sent with the application to: *FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION* Lockbox, P. O. Box 100147, Atlanta, GA, 30384-0147. After an application is accepted, the filing fee is not refundable.

The *FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION* reserves the right to discontinue processing any application for which a check is returned because of insufficient funds. The application will not be processed until the fee is paid in full, and in an acceptable form.